APPLICATION FOR LIMITED CERTIFICATION

ENVIRONMENTAL AND PUBLIC PROTECTON CABINET

<u>DIVISION OF COMPLIANCE ASSISTANCE</u>

<u>Operator Certification Program</u>

<u>300 Fair Oaks Lane</u>

<u>Frankfort, KY 40601</u>

	Home Address:			First Name		Middle Initial	
	Telephone Number:						
	Date of Birth: Agency Interest Number:						
j.	Current position held within school system:						
	Have you ever had an opera	ator's certificate re	voked? No	☐ Yes			
	If yes, please explain (use additional sheet if needed):						
				_			
	Have you ever been a certified operator?						
	If yes, give date(s) and cert	tification number: _					
3.	List the name(s) and address (es) of all schools for which this Limited Certification will cover.						
Sys	stem &/or Facility Name	County	PWSID # or K	PDES #	Phone #		

The fee of \$35.00 must be submitted with this application. The check or money order should be made payable to "Kentucky State Treasurer" and mailed along with the application to: Division of Compliance Assistance, Operator Certification Program, 300 Fair Oaks Lane, Frankfort, KY 40601. Call 800-926-9111 or 502-564-0323 for additional information.

